

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044869

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10583

STATE FILE NUMBER

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

1/2 day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN St. Louis

d. STREET

(If outside, give location)

ADDRESS 2633 Chippewa St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Joseph

Middle

B.

Last

Siebert

4. DATE

OF DEATH

Month

11/2/62

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12/18/86

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Brewery Worker

10b. KIND OF BUSINESS OR INDUSTRY

Anheuser-Busch

11. BIRTHPLACE (City and state or country)

St. Genevieve, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown Siebert

13b. MOTHER'S MAIDEN NAME

Elizabeth (unknown)

14. NAME OF HUSBAND OR WIFE

Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes ☒ (If yes, give war or dates of service)

WWI #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Elizabeth Siebert-2633 Chippewa

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO

DUE TO

Coronary thrombosis; Fall while being struck by car operated by one Edward Colled, in part of 4101 So. Broadway about 8:30 P.M. Nov 2nd 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

A ☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

8:30 a.m.

Hour

Month, Day, Year

11-2-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street 15

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from

10:20 P.

to

and last saw her alive on

Death occurred at

10:20 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clair

22c. DATE SIGNED

11-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/6/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HEIDERLE 3634 Gravois

25. DATE RECD. BY LOCAL REG.

NOV 5 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles M. Billo

Licensed Embalmer No.

4375

P.O. Address

St Louis 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.